



SAM'S CLUB MEMBERSHIP FORM

_____ Name ( <i>printed</i> )	_____ Middle Initial	_____ Last Name
_____ Employee's SMU ID #	_____ Campus Phone	_____ E-mail address
_____ SMU School Name/Department / Program	Permanent Employment Status: Full-time      Part-time	
6570-_____ SMU <u>Fund</u> and <u>Organization</u> ID number for Membership Fee		